

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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S. O.
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| | | | | |
|---|--|-----------|------------|-----------|
| PART I LOBBYIST | | | | |
| NAME (Last) | | (First) | (Middle) | TELEPHONE |
| Santiago | | Alexander | Chung | 383-9032 |
| MAILING ADDRESS (Street) | | | | FAX |
| P.O. Box 327 | | | | |
| (City) | | (State) | (Zip Code) | |
| Waianae | | HI | 96792 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | | TELEPHONE |
| | | | | |
| MAILING ADDRESS (Street) | | | | FAX |
| | | | | |
| (City) | | (State) | (Zip Code) | |
| | | | | |

| | | | |
|--|---------|------------|----------------|
| PART II ORGANIZATION | | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | | TELEPHONE |
| Hawaii Psychological Association | | | (808) 521-8995 |
| MAILING ADDRESS (Street) | | | FAX |
| 1188 Bishop St #912 | | | (808) 521-8994 |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813 | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | | TELEPHONE |
| Carol Parker | | | (808) 521-8995 |
| MAILING ADDRESS (Street) | | | FAX |
| 1188 Bishop St #912 | | | (808) 521-8994 |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813 | |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public Utilities✓ Government Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

✓ Consumer Protection &
Commerce

Hawaiian Affairs

✓ Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

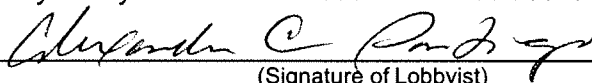
✓ Health

Planning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/12/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Carol Parker, Executive Director

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Psychological Association

808.521-8995

MAILING ADDRESS (Street)

FAX

1188 Bishop St #912

808.521-8994

(City)

(State)

(Zip Code)

Honolulu

HI

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/12/2007

(Date)